

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yolanda Razon-Collo	CHAPTER 100.1
Address: 4345 Likini Street Honolulu, Hawaii 96818	Inspection Date: July 12, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> No documentation of annual tuberculosis clearance for the following: <ul style="list-style-type: none"> • SCG #3 • SCG #4 </p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documentation of PCG training for the following:</p> <ul style="list-style-type: none"> • SCG #1 • SCG #2 • SCG #3 • SCG #4 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - The following medication errors/discrepancies found:</p> <ul style="list-style-type: none"> • “Senna S by mouth tab 8.6 – 50mg 1-2 tablet every day PO, hold if loose stools” however, not transcribed onto June 2019 medication administration record (MAR). • “Ammonium Lactate external lotion 12% two times a day TOP apply to dry skin areas” listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • “CeraVe itch relief external cream 1% PRN TOP apply to itchy skin areas” listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • “Midodrine HCL by mouth tablet 5mg 1 tab three times a day PO hold if SBP above 135. No doses after 6pm” ordered 6/28/19 however MAR initialed as given for 7/1/19 8am dose (BP 136/81), 7/5/19 11am dose (BP 146/86), and 7/8/19 8am dose (BP 136/71). • “Morphine Sulfate concentrate by mouth solution 20mg/ml PRN every 6 hours PO/SL” listed on admission orders dated 6/28/19, however, not transcribed to June MAR. • “Haloperidol lactate by mouth concentrate 2mg/ml 0.5 mg PRN every 6 hours PO/SL” listed on admission orders dated 6/28/19, however, not transcribed to June MAR. • “Focus supplement 1 cap every day PO” listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • “Acetaminophen by mouth tablet 325mg 2 tab PRN every 4 hours PO/crushed max 2000mg in 24 hours”, however, MAR does not indicate “max 2000mg in 24 hours”. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Fire evacuation route wheel chair ramp obstructed by ladder (2), mattress, metal bed frame (2). Exit gate obstructed from outside by city and county blue recycle bin.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bathroom (located off of hallway) did not have single use paper towel or hand soap.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Various pillows with neither plastic pliable covers nor resident's names labeled.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Bathroom (located off of hallway) – faucet in shower dripping with catch basin below to catch water.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1:</p> <ul style="list-style-type: none"> • Care plan denotes "Check for BMs". Also, Dulcolax Rectal suppository 10mg PRN PR for no BM x3 days ordered on 6/28/19, however, no documentation or flowsheet for tracking resident's bowel movements. • Care plan also states "provide bed alarm when resident in bed". No bed alarm for resident's bed. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 - No documentation of administration (or residence refusal) of flu vaccine or pneumovax vaccine.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____